



Docket No. 55535

**THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: DeJuan, et al.

U.S.S.N.: 09/756,649

Examiner: Jeffery, John A.

Filed: January 3, 2001

Group: 3742

For: SURGICAL DEVICES AND METHODS OF USE THEREOF FOR  
ENHANCED TACTILE PERCEPTION

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22213-1450

**AMENDMENT**

Applicants are in receipt of the Office Action dated May 28, 2004 of the above-identified application. Please amend the application as follows.

A listing of pending claims begins on page 2 of this paper.

Remarks begin on page 8 of this paper.



7 *DeJ*  
3742

Practitioner's Docket No. 55535

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: DeJuan et al.

Serial No.: 09/756,649

Group No.: 3742

Filed: January 3, 2001

Examiner: John A. Jeffrey

For: SURGICAL DEVICES AND METHODS OF USE THEREOF FOR  
ENHANCED TACTILE PERCEPTION

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is  
[X] a small entity. A statement:  
[ ] is attached.  
[X] was already filed.  
[ ] other than a small entity.

**EXTENSION OF TERM**

*NOTE: "Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment"*

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**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))**


I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**

- [X] deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-14501.

**FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

  
\_\_\_\_\_  
Signature

Date: August 30, 2004

\_\_\_\_\_  
Peter F. Corless  
(type or print name of person certifying)

*If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).*

NOTE: See 37 C.F.R. 1.645 for extensions of time in interference proceedings, and 37 C.F.R. 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

*(complete (a) or (b), as applicable)*

(a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below:

	<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
<input type="checkbox"/>	one month	\$110.00	\$55.00
<input type="checkbox"/>	two months	\$420.00	\$210.00
<input type="checkbox"/>	three months	\$950.00	\$475.00
<input type="checkbox"/>	four months	\$1,480.00	\$1,005.00

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(check and complete the next item, if applicable)*

☐ An extension for \_\_\_\_\_ months has already been secured. The fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

**OR**

(b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)		(Col. 2) (Col. 3) SMALL ENTITY				OTHER THAN A SMALL ENTITY			
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee
Total	* Minus	**	=		x \$9 = \$			x \$18 =	\$ 0
Indep.	* Minus	***	=		x \$43 = \$			x \$86 =	\$ 0
[ ] First Presentation of Multiple Dependent Claim					+ \$145 = \$			+ \$290 =	\$ 0
Total Addit. Fee						\$ _____	OR	Total Addit. Fee	\$ _____

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**WARNING:** "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

(c) [ ] No additional fee for claims is required.

**OR**

(d) [ ] Total additional fee for claims required \$ \_\_\_\_\_.

## FEE PAYMENT

5. [ ] Attached is a check in the sum of \$ \_\_\_\_\_.
- [ ] Charge Account No. \_\_\_\_\_ the sum of \$ \_\_\_\_\_.
- A duplicate of this transmittal is attached.

## FEE DEFICIENCY

**NOTE:** If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 04-1105.

**AND/OR**

☒ If any additional fee for claims is required, charge Account No. 04-1105.



**SIGNATURE OF PRACTITIONER**

Reg. No. 33,860

Peter F. Corless

*(type or print name of practitioner)*

Tel. No. (617) 439-4444

EDWARDS & ANGELL, LLP

P.O. Box 55874

P.O. Address

Boston, Massachusetts 02205